Branch Application



Instructions

Page 1 of 2

Read the following carefully before you complete this form

A licensee wishing to establish one or more locations in addition to the principal place of business shall first obtain a branch office license. If requesting permission for several branch locations, use a separate application form for each site.

The attached application is to be used by, only the Deferred Presentment Company licensees, who are applying for branch licenses. Please ensure that all requested information in the application is completed prior to your submission. The application fee for each location must accompany the original application.

**All locations located within the City of Phoenix must provide the attached Zoning Clearance form approved by the City of Phoenix, Planning Department.

Application fee is \$500 and is non-refundable.

The prorated license fees are:

Include the prorated license fee with the application to expedite the license process. To determine the prorated license fee, refer to the chart below, look under the column for the month of the application. In addition you will be required to pay an annual renewal fee for each branch license.

Prorated License Fees			
Nov/Dec/Jan	Feb/Mar/Apr	May/June /July	Aug/Sept/Oct
\$150.00	\$100.00	\$50.00	\$200.00

This Department does not make copies.

Make check payable to the, Arizona Department of Financial Institutions or AZDFI and drop off or mail to 2910 North 44th Street, Suite 310, Phoenix, AZ 85018. The Department will not accept credit or debit cards or an electronic submission of this application. Please submit one (1) check for both the application(s) and license(s) fee.

2910 North 44 th Street, Suite 310	Form:	BR-APP-001
Phoenix, AZ 85018	Revised	12/15/2006

Arizona Department of Financial Institutions		STOR STOR
Branch Application		
Deferred Presentment	Section 1	Page 2 of 2

Type or legibly print all information.

To the Superintendent of Financial Institutions:

2910 North 44th Street, Suite 310

Phoenix, AZ 85018

1. Principal Licensed Location Inform	mation (found on princ						
License Type:		Principal Arizona I	License Nu	mber:			
Deferred Presentment		DPC					
Exact Name of Licensee:							
Exact DBA / Trade name if applicable:							
Address on your "Principal" license:							
City				State:	Zip Code		
City:				State.	Zip Cou	5.	
Telephone Number:	Fax Number:			Toll Free Number:			
() – ext.	() –			()	-		
2. Hereby request permission to esta	ablish a branch office						
Designated Branch Manager (Overseer or Contact Person):		Br	_	e is Zoned as a (chec			Ŧ
			_ Com	mercial or _	Resid	dential	Location
Address Line 1:							
Address Line 2:							
City:				State:	Zip Code	э:	
Telephone Number:	Fax Number:			Toll Free Number:			
() – ext.	() –			()	_		
3. Individual to contact regarding the	e processing of this b	ranch:					
Name:			Title:				
Address:							
Addisos.							
City:				State:		Zip Code:	
DirectTelephone Number & Extension:	Fax Number:			Toll Free Number:			
() – ext.	() –			()	_		
 Authorized Individual: I hereby misrepresentations or omissions of this form. 							
Print Name & Title:							
Signature:							
DirectTelephone Number & Extension:	Fax Number:			Toll Free Number:			
() – ext.	() –			()	-		
	•						_
	Checklist for Brand	h Complia	nce				
The following items must be	e attached to the	nis comi	olete	d form:			
O		_	-				
☐ Completed Application (1 through 4)	"Unly the completed or	iginal signe	d appli	cation will be	accep	ited".	
☐ Application Fee							
☐ Prorated Licensing Fee							
☐ "Zoning Clearance" For locations located within the City of Phoenix.							
Did you make & keep a copy	for your records	?					

Form:

Revised

BR-APP-001

12/15/2006



ZONING CLEARANCE FOR DEFERRED PRESENTMENT COMPANIES (NON CHARTERED FINANCIAL INSTITUTIONS/PAYDAY LOAN COMPANIES)

	`	STITUTIONS/PATDAT LOAN COMPANIES)
	-FOR PLANNING I	DEPARTMENT USE ONLY-
Council Distric	t:	CITY ZONING AUTHORITY CLEARANCE:
Village:		APPROVED:
Zoning Map:		Date:
Q.S.		Signature:
Zoning:		
	- PLEASE READ THI	E FOLLOWING CAREFULLY-
savings and loa check-cashing	n association that offers check cashing services businesses that charge a percentage fee for cash	a state or federally chartered bank, credit union, mortgage lender or and loans for payment of a percentage fee. Specifically included are ing a check or negotiable instrument, "payday loan" businesses that that function as deferred presentment services.
□ Non-c type u	hartered Financial Institutions shall not be loca	and separation standards for non-chartered financial institutions: atted within one thousand three hundred twenty (1,320) feet of the same sterior walls of the buildings or portions thereof in which the businesses
shall l		ated within five hundred (500) feet of a residential use. This distance ling or portion thereof in which the business is conducted or proposed to
	- COMPLETE THE F	OLLOWING INFORMATION –
1. Property A	ddress:	Zip Code
2. Legal Desc	cription:	
2. Legal Desi	inpuon.	
Tax Parcel	Number:	
Tax Parcel 3. Owner or 0	Number:	
Tax Parcel 3. Owner or 0 Address:	Number: Operators Name:	
Tax Parcel 3. Owner or 0 Address: City, State	Number: Operators Name: & Zip Code:	
Tax Parcel 3. Owner or 0 Address: City, State	Number: Operators Name: & Zip Code: mber:	
Tax Parcel 3. Owner or 0 Address: City, State Phone Nur The undersigned	Number: Operators Name: & Zip Code: mber: - ACKNO d hereby certifies as follows:	PWLEDGEMENT -
Tax Parcel 3. Owner or 0 Address: City, State Phone Nur The undersigne 1. The undersigne	Number:	
Tax Parcel 3. Owner or 0 Address: City, State Phone Nur The undersigne 1. The undersigne or operator 2. The owner	Number:	PWLEDGEMENT - r proposed use or is authorized to file this form on behalf of the owner ne owner or lessee of the property on which the use is or will be
Tax Parcel 3. Owner or o Address: City, State Phone Nur The undersigne 1. The undersigne or operator 2. The owner conducted	Number:	PWLEDGEMENT - r proposed use or is authorized to file this form on behalf of the owner me owner or lessee of the property on which the use is or will be ear to file this form.
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